03-02.06

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Jonathan P. Osha Osha & May L.L.P.			8	I hereby certify that	Certificate of Mailing or Tran this Fee(s) Transmittal is beir	ng deposited with the
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1221 McKinney St.		MAR	V 1 2000	transmitted to the US	SPTO (571) 273-2885, on the	date indicated below
Houston, TX 77010 3/2006 SSITHIB2 000000			\$			()
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APPLICATION NO.	FILING PATE OF	FIRS	ST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION
10/849,726	05/20/2004		Tetsuya Sugiyam	a	04995/146001	8642
TITLE OF INVENTION: NU	MERICAL CONTROL APP	ARATUS FOR MA	CHINE TOOL A	ND NUMERICAL C	ONTROL METHOD FOR MA	ACHINE TOOL
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	12.00 OP			-,		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/14/2006
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PATEL, RA	MESH B	2121		700-186000		
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CFR 1.363).		· (he patent front page, p to 3 registered pat	. ACI	HA LIANG LI
Change of corresponde	nce address (or Change of Co attached,	orrespondence o	r agents OR, alter	natively,		
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PTO/SB/47; Rev 03-02 or Number is required.	more recent) attached. Use of	f a Customer 2	registered patent isted, no name wil	attorneys or agents.	If no name is 3	
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FFFT	RANSM	ΙΤΤΔΙ		olication Num	nber	10/849,726-Cd	onf. #8642	
FEE TRANSMITTAL For FY 2006				Filing Date		May 20, 2004 Tetsuya Sugiyama		
r	OF F 1 200	O		t Named Invenier Name	entor	R. B. Patel	ama	
Applicant claims	s small entity status.	See 37 CER 1 27				2121		
TOTAL AMOUNT OF				Unit	No	04995/146001		
		(\$) 1,712.00	Auc	mey Docket I	NO.			
METHOD OF PAY	MENT (check all t	that apply)			. –		 -	
Check X Cr	edit Card	Money Order	None	Other (please ide	ntify):		
x Deposit Account	Deposit Account Numb	ber: 50-0591 Depo	osit Account N	lame:		Osha · Liang I	LLP	
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1. BASIC FILING, SEA	•	G FEES	SEARC	H FEES	FXAMI	NATION FEES		
	•	Small Entity	5	Small Entity		Small Entity		!
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (\$)		Fees Pa	aid (\$)
Utility	300		500	250	200	100		·· , ····-,
Design	200		100	50	130	65 80		
Plant	200		300	150	160	80		
Reissue	300 200	150 100	500	250 0	600 0	300 0		
Provisional 2. EXCESS CLAIM FE		100	U	U	U	U		Small En
Fee Description	:E3						Fee (\$)	Fee (\$
Each claim over 20 (in	ncluding Reissues)					50	25
Each independent clai	m over 3 (includir	ng Reissues)					200	100
Multiple dependent cl	aims						360	180
T-4-1 C'-1	Extra Claims F	ee (\$)	Fee Paid	-1-1		fultiple Depende		
Total Claims I	x				E	ee (\$)	Fee Paid (\$)	!
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- 20 = _ HP = highest numer of tot			Fee Paid	(\$)				_

SUBMITTED BY						
Signature	[/	h	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	Jonathan	P. Osha			Date	March 1, 2006